

Case Number:	CM15-0003184		
Date Assigned:	01/14/2015	Date of Injury:	10/12/2011
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female, who sustained an industrial injury on 10/12/11. She has reported pain in low back and both knees. The diagnosis is lumbago. Treatment to date has included medications and psychotherapy. X-rays of lumbar spine were performed on 5/14/14, (MRI) magnetic resonance imaging of lumbar spine was performed on 12/2/11 and (MRI) magnetic resonance imaging of right knee was performed on 11/20/13. Currently, the IW complains of back and bilateral knee pain. Per the PR2 dated 12/11/14, she is managing the pain with Norco. On 12/29/14 Utilization Review non-certified a retrospective urine drug screen (report dated 12/10/14), noting the records do not indicate the frequency which urine drug screens have been performed; without prior records it cannot be determined if the frequency is consistent with risk stratification. Non- MTUS, ACOEM Guidelines, was cited. On 1/7/15, the injured worker submitted an application for IMR for review of a retrospective urine drug screen (report dated 12/10/14).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Urine Drug Screen: DOS 12/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Integrated Treatment/ Disability Duration Guidelines. Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screen is indicated to avoid misuse/addiction. ((j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs). In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, retrospective Urine Drug screen is not medically necessary.